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ABSTRACT

This report provides information on the longitudinal evaluation of the Brighter Futures program in Florida, a teen pregnancy prevention program which created support groups for mothers age 16 and younger in order to prevent their having second pregnancies. Other program goals were to ensure that the girls finish high school and plan for a career, that they increase their self-esteem, and that they improve their social and leadership skills. The follow-up evaluation plan was based on a longitudinal design. Two sample populations (N=12) were identified and comparative data obtained on program effects during the first year after program termination. Data were collected by re-administering tests used in the first evaluation report, interviewing girls on a protocol form used in other evaluative studies, and by collecting data on the girl's GPA and school attendance. Discussion involved an evaluation of the program's effectiveness relative to its goals, and recommendations for future programs. It was concluded that the Brighter Futures program was an integral component in an effective model of community collaboration designed to address the problem of teen pregnancy in low income communities where young women were at-risk for early pregnancy and subsequent school failure. Contains 15 references. (TS)

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ED 402 517

LONGITUDINAL EVALUATION OF THE BRIGHTER FUTURES PROGRAM
FINAL REPORT

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July 30, 1994

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EXECUTIVE SUMMARY

The purpose of this report is to provide information on the longitudinal evaluation of the Brighter Futures program, a teen pregnancy prevention program that was administered by the Gadsden Citizens for Healthy Babies, Inc., and funded by the Florida Developmental Disabilities Council. This evaluation report is intended not only to provide feedback to program developers in terms of successful program implementation and achievement of program goals, but also to contribute to the teen pregnancy literature in terms of identifying ways in which teen mothers can be successfully motivated to change their behavior. This evaluation report is based on data collected one year after the program terminated in July, 1993.

The purpose of the Brighter Futures Club was to create support groups for girls age 16 and younger who had already had one child, with the intention of preventing a second pregnancy. These support groups were created through the use of incentives in the form of weekly stipends ($7, plus $5 transportation for those girls who need to pay for rides), which were paid at the end of each meeting.

The program's goals were to ensure that the girls did not experience a second pregnancy, that they finish high school and plan for a career, that they increase their self-esteem, and that they improve their social and leadership skills. The program's goals were reflected in the program's objectives: (1) to help the girls raise issues for discussion which are troubling them, especially those centered on parental and male/female relations;

(2) to provide the girls with information on family planning options; (3) to encourage the girls to discuss their vocational plans; (4) to support the girls in taking leadership roles within the group by having them lead discussions and provide peer counseling; and, (5) to assist the girls in planning social events and fund raising activities. These objectives were realized through a series of weekly meetings led by trained counselors that were held after school at three sites for groups of approximately 10 girls (group size varied in attendance).

The follow-up evaluation plan was based on a longitudinal design. In the absence of a defined control group (this design was not selected due to the difficulty of obtaining consent to collect data from adolescent minors on confidential and sensitive topics when they are not enrolled in an intervention program), we identified two sample populations (N=12) from which comparative data on program effects during the first year after program termination were obtained. The date were collected by re-administering tests used in the first evaluation report, interviewing girls on a protocol form used in other evaluative studies, and by collecting data on their GPA and school attendance.

The success of the Brighter Futures program one year after program termination can be evaluated in relation to the program's goals. These goals were:

Prevent a second pregnancy. One year after the program terminated, none of the 12 girls selected for follow-up had become pregnant again. All but one girl was using a

birth control method on a regular basis that decreased the likelihood of a second pregnancy.

Encourage girls to finish high school and plan for a career. Two girls had graduated, and the remaining ten were on track for graduation. All of the girls expressed their intention of seeking some type of post secondary education. The girls' scores on the Intellectual Achievement Responsibility Questionnaire also increased in a more positive direction over time.

Increase self esteem. While it cannot be said that the girls increased their self esteem, since their scores on a self-esteem measure administered prior to their entrance into the program were already high, a strong sense of self-esteem and self-worth was clearly evident in the interviews questions pertaining to self-esteem. It can be said that the program was successful in helping these young women maintain their high self-esteem. These effects were more evident among the girls who had been long term participants in the program.

Increase social and leadership skills. The evidence for this outcome is based on the girls' A-COPE scores, because many of the items assessed behaviors indicative of leadership and social competence (e.g., try to help other people solve their problems, keep up friendships or make new friends). The data indicated that the girls' scores improved over time, which suggested that the program was successful in this area. All of the

long term participants also felt that they could be depended upon by other people.

Recommendations for future programs included the following:

(1) Since many of these young women viewed childbirth as a major accomplishment, it needs to be replaced with other accomplishments such as community involvement in volunteer programs. Providing such opportunities would allow these girls to feel valued as a contributing member of this community.

(2) Have these girls share their advice about teen childbirth with younger girls before they become sexually active. One of the most successful events staged by the Brighter Futures girls was the night they spoke to members of the New Achievers Club, a program designed to prevent a first pregnancy among girls 11-14.

(3) Provide peer groups for fathers and have these males share their feelings about parenting with younger males. Based on the comments made by the girls about their baby's father in the interviews, it was clear that many of the young men wanted to be part of their child's life, but that they lacked appropriate role models to teach them about being a father.

We conclude that the Brighter Futures program was an integral component of an effective model of community collaboration designed to address the problem of teen pregnancy

in a low income community where young women were at-risk for early pregnancy and subsequent school failure. The program enhanced the quality of life for these young mothers. Through the support networks provided by the counselors and peers, the Brighter Futures program fostered the strength and confidence the girls needed to plan for the future and to take the initiative to return to school and graduate.

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I. INTRODUCTION

The purpose of this report is to provide information on the longitudinal evaluation of the Brighter Futures program, a teen pregnancy prevention program that was administered by the Gadsden Citizens for Healthy Babies, Inc., and funded by the Florida Developmental Disabilities Council. The available literature on teen pregnancies suggests that successful, long term prevention depends upon three factors: (1) adequate information about sexuality, reproduction, and family planning methods; (2) access to family planning services which are cost effective and easily obtained; and, (3) the teen mother's motivation to succeed, remain in school, and plan for a career (Barnes, 1987; Moore, Simms, & Betsey, 1986). According to Schorr & Schorr (1988), "The most fundamental reason for high rates of school-age pregnancy in the United States is that far too many youngsters reach adolescence without hopes or plans for a future that seem compelling enough to deter them from early parenthood" (p. 41). While an extensive literature on teen pregnancy is available, relatively few studies have examined the factors affecting the teen mothers' motivation and desire to change her life patterns. More importantly, there have been few attempts to conduct follow-up studies of teen pregnancy prevention programs. This evaluation report is intended not only to provide feedback to program developers in terms of successful program implementation and achievement of program goals, but also to contribute to the

teen pregnancy literature in terms of identifying ways in which teen mothers can be successfully motivated to change their behavior. This evaluation report is based on data collected one year after the program terminated in July, 1993.

Program description

The Brighter Futures Club was patterned after the Dollar a Day Teenage Pregnancy Prevention Program in Denver, Colorado (Dolgan & Goodman, 1989). The project was funded by the Florida Developmental Disabilities Council and operated in Gadsden County from February, 1991 through July, 1993 under the auspices of the Gadsden Citizens for Healthy Babies, Inc. The Gadsden Citizens for Healthy Babies is a private, not-for-profit agency that was developed from community residents' efforts to address the county's alarming infant mortality and teen pregnancy rates. The agency was awarded a grant from the Florida Developmental Disabilities Council to develop the pilot project described below.

As stated in the original grant application, the purpose of the Brighter Futures Club was to create support groups for girls age 16 and younger who had already had one child, with the intention of preventing a second pregnancy. These support groups were created through the use of incentives in the form of weekly stipends ($7, plus $5 transportation for those girls who need to pay for rides), which were paid at the end of each meeting. Underlying the use of incentives was the basic assumption that while the girls may initially have been motivated to join based

on these stipends, it was anticipated that additional incentives would have risen from the peer support and counseling the girls received from each other.

Program Goals and Objectives

The program's goals were to ensure that the girls did not experience a second pregnancy, that they finish high school and plan for a career, that they increase their self-esteem, and that they improve their social and leadership skills. The program's goals were reflected in the program's objectives: (1) to help the girls raise issues for discussion which are troubling them, especially those centered on parental and male/female relations; (2) to provide the girls with information on family planning options; (3) to encourage the girls to discuss their vocational plans; (4) to support the girls in taking leadership roles within the group by having them lead discussions and provide peer counseling; and, (5) to assist the girls in planning social events and fund raising activities. These objectives were realized through a series of weekly meetings that were held after school at three sites for groups of approximately 10 girls (group size varied in attendance). A trained counselor led each group session, although the girls were also expected to take a substantive role in the discussions.

II. EVALUATION DESIGN

The follow-up evaluation plan was based on a longitudinal design. In the absence of a defined control group (this design was not selected due to the difficulty of obtaining consent to collect data from adolescent minors on confidential and sensitive topics when they are not enrolled in an intervention program), we identified two sample populations from which comparative data on program effects during the first year after program termination were obtained. The date were collected by re-administering tests used in the first evaluation report, interviewing girls on a protocol form used in other evaluative studies, and by collecting data on their GPA and school attendance. These data are described in greater detail below:

(1). Since a sample of Brighter Futures girls (N = 30) was tested on four instruments in June/July 1992, as many girls as possible that could be located were retested on the same instruments in March, 1994. The instruments used were as follows: (a) A-COPE: this instrument measured adolescents' coping ability (McCubbin & Patterson, 1981); (b) Coddington Adolescent Life Events Scale: this instrument measured the level of stress the girls experienced with various life events, including pregnancy (Coddington, 1979); and, (c) the Intellectual Achievement Responsibility Questionnaire: this instrument tested the girls'

locus of control relevant to academic situations (Crandall, Katkovsky, & Crandall, 1965). A fourth instrument, the Millon Adolescent Personality Inventory (MAPI), was not re-administered since this instrument assessed various components of adolescents' personality development and behavioral characteristics, and these characteristics were not expected to change over a year's time. The other three instruments were selected because they measured outcomes most closely related to the program's goals and objectives. The comparison of scores across the two cohort groups enabled us to determine changes in the girls' behavior on these measures. Copies of all three tests are included in Appendix A.

(2). Since the number of girls who attended the program on a regular basis varied considerably, girls who attended the program less than half the number of expected sessions ($N < 50$) were located and interviewed to determine how they felt about various aspects of their lives. Their responses were compared to a group of girls who attended the program regularly for almost all the sessions to see if clear differences would be found between the two groups of girls on questions pertaining to use of birth control, family and peer relations,

parenting attitudes, and educational and vocational goals. The questions for these interviews were based on an modified version of the interview schedule published by the Child Welfare League of America, and used by Williams (1991) in her study of African-American teenage mothers. A copy of this protocol is included in Appendix B.

(3). Data on the girls' GPA and school attendance were also collected to compare both within groups (since data was available on almost all the girls from their school years while enrolled in the program as well as after the program terminated), and between long and short term program participants.

Sample

We had hoped that we would be able to locate at least 18 girls for the follow up study, since the number of girls who came on a regular basis during the two year cycle of program operation never exceeded more than twenty two(N=22)[1]. The girls who participated in this follow up study were located with the

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[1] Although 30 girls were tested in the June 1992 report, the first author believes that this number was inflated due to the presence the day the tests were given of girls who had been invited to the meeting in order to be recruited. Many of the girls who came that day never showed up for subsequent meetings. The observation notes of all the groups taken over a two year period suggest that 22 is a more accurate number of girls who came on a fairly regular basis.

assistance of Ms. Nancy Williams, the program manager and head counselor during the operation of Brighter Futures. Ms. Williams noted that of the original 22 girls, one girl had become pregnant again, two girls had moved out of the area, and one girl could not be located at all. From a potential pool of 18 girls, Ms. Williams was able to locate 13 girls who were retested on the three instruments on March 9, 1994 at the Havana Community Center. The girls were given three tests: The A-COPE, the Coddington Adolescent Life Events Scale, and the Intellectual Achievement Responsibility Questionnaire (IARQ). Twelve girls were subsequently interviewed during May and June (one failed to show up for the interview). School achievement and attendance data were also collected on the twelve girls who came to the interview, since these girls had to sign permission slips in order for the data to be obtained from the two schools they attended.

III. DATA ANALYSIS

In this section we discuss the findings from the three types of data collection: the instrument results, the comparison of school achievement and attendance over time, and the interview data.

Instrument Results

The results on the tests from March, 1993 were compared to the scores from the June 1992 report. Although this should not be interpreted as a direct comparison, since the two groups are not matched, of the ten girls who were tested in June, 1992, the same ten were included in the group that was retested in March, 1994. For this reason, we feel that this comparison can be used to provide a reasonable estimate of the program's long term effects in terms of the girls' scores.[2]

The first comparison is on the A-COPE, which is a test that assesses an adolescent's ability to cope with problems. This data is presented in Table 1.

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[2] Ideally, we would have removed the scores of those girls who were tested in June, 1992, and only compared the scores of the same girls who were retested in March, 1994. Unfortunately, the test data in June was collected anonymously, based on a prior agreement with the former executive director of GCHB, and consequently there was no way to identify individual girls in order to remove their scores.

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Table 1

Between Group Comparisons on the A-COPE

June 1992 N=30	Mean 160.0	SD 37.6
March 1994 N=13	Mean 173.2	SD 14.5

As noted above, the A-COPE was designed to record the behaviors adolescents find helpful to them in managing their problems or difficult situations which happen to them. According to the test designers, coping is defined as individual or group behavior used to manage the hardships and relieve the discomfort associated with life changes or difficult life events. One objective of this program was to increase the girls' coping skills. If the program had been successful in maintaining its effects, the scores should have increased from one testing period to the next. The results indicated that the girls' ability to cope was not only sustained over time but that their scores also increased in a more positive direction. This data was also supported by our conversations with the girls, since many of them spoke about their plans for the future, and felt that they acquired strategies for dealing with problems in their lives. This data also indicated that the initial variability among the girls was reduced, a finding that would be expected since the girls who came to the March testing were more similar to one

another in terms of how long they had been involved with the program (see footnote 1 for clarification).

The second comparison was on the Adolescent Life Events Scale. This data is presented in Table 2.

Table 2

Between Group Comparisons on the Life Events Scale

June 1992	Mean	SD
N=30	230.2	79.9
March 1994	Mean	SD
N=12[a]	353.2	174.3

[a] One girl's score was dropped from the analysis because her score was almost 400 points higher than the next closest score.

The Adolescent Life Events is a measure of the stress the girls were experiencing in their lives. These life events included such items as: death of a parent or close family member, failing school, graduating from school, pregnancy, becoming involved with drugs, etc. Since one objective of the program was to provide girls with more appropriate strategies for managing stress in their lives, it was hoped that these scores would have decreased over time.

The results of this comparison indicated that the girls at the March testing were experiencing more stress in their lives, although the score range varied considerably among the girls. The scores ranged from a high of 1069 (dropped from the analysis as an extreme outlier - the next closest score was 687) to a low of 173. Several of the girls noted that the stress points

occurring in their lives were due to transitions such as graduating from high school, children becoming older (and consequently, more demanding), and leaving home to live by themselves. Although it was not the case that the girls' stress level decreased, it was encouraging that the scores on the A-COPE increased. This finding suggested they are now better able to manage stress, even though given the myriad problems these girls face in their daily lives, stress levels continue to be high.

The third comparison relevant to assessing program goals was on the IARQ. The IARQ is a test that assesses an adolescents' locus of control with regard to school events. For example, students would be asked this question: When you have trouble understanding something in school, is it usually because (a) you didn't pay attention; or (b) because the teacher didn't explain it clearly. Students who choose the 'a' answer attribute problems to behaviors under their control, while students who choose the 'b' answer are externally motivated. The higher the score, the more the student displays an internal locus of control. This data is presented in Table 3.

Table 3

Between Group Comparisons on the IARQ

June 1992	Mean	SD
N=30	12.7	2.5
March 1994	Mean	SD
N=13	14.4	2.0

This measure was selected because another program objective was to have the girls continue their education and to understand that they were responsible for maintaining their school achievement. The results of this comparison suggested that the girls' internal locus of control with regard to school issues also increased over time. This finding was also confirmed in conversations with several girls, who noted that they were doing well in school, or had graduated and were either attending some type of postsecondary institution or working at a full-time job.

School Achievement and Attendance

In this section we examine patterns of school achievement and attendance across the two years of program operation, as well as the year following the termination of the program. Since one of the goals of the Brighter Futures program was to have the girls maintain or increase their school achievement and attend school on a more consistent basis, these data should reveal how successful the program has been in helping the girls meet this objective, and having them sustain it over time. Table 4 presents the trends for school achievement across time.

Two different interpretations can be drawn from this data. From one perspective, the program had little effect on increasing achievement, since the data suggested that not only did the girls' grade point average (GPA) vary widely from year to year, but that there was no significant increase over time. In fact, in the case of several girls who were also long term participants(students 1-4), their GPA declined from the time they first entered the program until the most recent date of June, 1994 (June 1993 for student 3 who graduated that year). However, this result was balanced by the change in GPA for three other long term participants (students 10-12), where the GPA basically improved over time.

Table 4

Brighter Futures Girls' Grade Point Average

Name	School	June 1994 GPA	June 1993 GPA	June 1992 GPA	June 1991 GPA
Student 1	HHS	2.9	2.2	2.3	3.1
Student 2	HHS	2.1	2.4	1.9	2.0
Student 3	HHS	NA	2.7	2.6	3.1
Student 4	HHS	2.3	2.3	2.0	2.4
Student 5	HHS	2.8	2.7	NA	NA
Student 6	HHS	1.9	1.1	1.4	NA
Student 7	HHS	2.8	1.9	1.9	NA
Student 8	QEC	2.5	3.1	1.0	NA
Student 9	QEC	2.0	2.0	.14	NA
Student 10	QEC	NA	2.1	2.1	NA
Student 11	QEC	2.8	4.0	1.8	NA
Student 12	QEC	2.1	.5	NA	NA

One possible explanation for the rather disappointing outcome that the program had little discernible effect on raising the overall GPA may be that the June 1991 GPA was taken before the girls had their baby; the subsequent GPA's reflect their school performance after their baby was born. Many of the girls in the interview spoke about the increased demands on their time as a result of caring for an infant, and this additional responsibility may have interfered with their ability to keep up with their school work.

A second explanation may lie in the difference between the curricula of the two schools attended. The higher GPA's were

earned by the QEC girls, who were attending an alternative school instead of the regular academic high school. In a comprehensive evaluation of school based programs in Florida for teen mothers, King, Rohani, & Foster (1993) noted that the alternative schools set up especially for teen mothers often utilized a curriculum that was less academically rigorous than the one in the regular high school, and that the teachers in the alternative school were less qualified. Based on interviews that were conducted with several teachers at QEC for the first evaluation report (Emihovich, 1992), it was learned that several teachers were not certified in the areas they were teaching.

But from a second perspective, the program was successful in its goal of having the girls remain in school and graduate. It should also be noted that in the case of several girls, their GPA improved dramatically from a failure level to a passing level. This outcome was especially true of the girls who attended the Quincy Educational Center (QEC), an alternative school for problem students, since these girls were at real risk of dropping out of high school because of poor grades prior to their entry into the program.

The data on school achievement also needs to be examined in relation to their patterns of school attendance. If a similar trend toward increased absences existed as well, that would also explain why the girls' GPA had declined over time. It would also be expected that school attendance would be correlated with school achievement. Based on the data presented in Table 5, it

was the case that the girls who attended Havana High School were more frequently absent than the girls who attended QEC. The difference in attendance rates may also reflect the fact that QEC had on-site child care available from June 1991, while Havana High School first offered it during the 1993-94 school year.

Table 5

Brighter Futures Girls' Attendance

Name	School	Days absent 1993-94	Days absent 1992-93	Days absent 1991-92	Days absent 1990-91
Student 1	HHS	17	22	15	25
Student 2	HHS	28	21	18	12
Student 3	HHS	NA	7	1	6
Student 4	HHS	43	33	17	23
Student 5	HHS	32	17	NA	NA
Student 6	HHS	41	51	15	NA
Student 7	HHS	11	40	15	NA
Student 8	QEC	20	17	50	NA
Student 9	QEC	25	24	34	NA
Student 10	QEC	NA	4	19	NA
Student 11	QEC	0	4	19	NA
Student 12	QEC	8	9	68	NA

Although the attendance data varied by school, there was a trend toward decreased absences. The fact that the program impacted differently on the girls depending on which school they attended is evident from the patterns of school attendance. Over time, the absences of all the QEC girls declined. This outcome was especially significant since these girls were also considered

by the counselors and program director to have more dysfunctional lives, and to have more stress in their lives. From this perspective, the program was successful in helping these girls attend school more frequently so they could raise their GPA enough to graduate.

Interview Data

Twelve girls were interviewed in individual interviews at either Gadsden Citizens for Healthy Babies or at the Havana Community Center. Each girl was paid $20.00 for participating in the interview, and they were told that they had the right to refuse to answer any question without penalty. To ensure that all the girls responded to the same questions, all questions were read to them, and they were free to ask any further questions for clarification. Each interview took approximately 45-60 minutes to complete.

To analyze this data, we compared responses on selected questions between two groups: long term participants, defined as those girls who attended almost all sessions during the two years the program was operating, and short term participants, defined as those girls who joined the program after the first year of operation. Eight girls were designated as long term participants (LTPs), and four girls were designated as short term participants (STPs). Because of the small sample sizes, any conclusions drawn are tentative in nature, and are intended to provide preliminary information for other evaluators to assess the long term effects of programs designed for teen pregnancy prevention.

Demographic Characteristics

With the exception of one girl, all the girls had only one child. None of the girls had become pregnant at least one year after the program ended. One interesting fact was that the LTPs were younger when they first became pregnant; the average age among them was 14.5 years. In contrast, the STP's average age at their first pregnancy was 16 years. Both groups of girls had similar family backgrounds (the girl's mother was the head of household in all but one family), and most of them had lived at the same address over a period of years. Three of the four STPs named their mother as the most important person in their life, while only four of the eight LTPs named their mother (the other choices were sister, grandmother, baby, and boyfriend). The fact that the mother was named as the most important person by several girls was not surprising. What was unexpected was the fact that so many of the girls had maintained close contact with their father, even if he no longer lived in the same household. These responses were typical:

Den: He used to be in the army. He never married my mother. I saw him a week ago. He moves around a lot, and right now he's not employed (LTP).

Len: I look up to my father. He's very hard working and has three jobs. He's remarried, and has a son from it, but he still supports his first family. He values education, and passed that idea on to me (LTP).

Ran: He's a very nice person, he just never liked me to be so young when I got pregnant. He didn't speak to me when I was pregnant. Our relationship is better now that I got married, he's more of a father now. The only time I lived with him was for 8 months when I was 14 or 15 (LTP).

Pen: When I was young I really didn't know him. When I was about 11 or 12 he came around and I got to know him. My relationship now is fine with him. He's divorced from my mother, and he works and lives in Ft. Lauderdale since last year (LTP).

Sha: He's nice, intelligent, and very outgoing (STP).

Sek: He lives in Havana, and he's not married to my mother. We have a positive relationship (STP).

Tam: He lives in town, and is married and divorced. He left the family when I was six. He remarried with another family (wife only). He's working as a truck driver, and I see him on a regular basis (STP).

Although most of these girls lived within female dominated, head of household family structures, 100% of these girls believed that a woman and her children were not a complete family. This finding suggested that they saw the father as having an important role in the family structure, even if he didn't live within the same household, and it contradicted the media stereotype of the absentee black father as having no influence on children's beliefs about parenting.

Pattern of familial pregnancy

Another similarity among the girls was the pattern of familial pregnancy. Although all of the mothers of these girls, with the exception of one, had had their first baby during the teen years, the majority of the girls had become pregnant at a younger age than their mothers' first pregnancy. All of the girls had cousins and friends that had become adolescent mothers and all had kept their infants. These three responses were typical of this pattern:

Yol: I have three cousins in Tampa, ages 14 and 15, that are having babies back to back (LTP).

Pen: I have five cousins, two who had a baby at 16, the other three at 17 (LTP).

Tam: My sister had a baby at 18, and my three cousins had babies at 19 or 20. A whole lot of my friends had babies at 17 (STP).

The one difference that emerged between the two groups of girls was that three of the four STPs felt that childbirth is the most important thing a woman does, while only three of the eight LTPs believed that this was true. This finding suggested that the longer the girls attended the program, the more options they realized they had in their lives besides just having children. It also illustrates Collins's (1990) point that Black motherhood is fundamentally a contradictory institution, with reactions ranging from ambivalence to feelings of empowerment and self-definition.

Reaction to pregnancy

Most of the girls reported that they felt "totally depressed" when they learned they were pregnant; only one girl said she was "happy." In almost all cases, the first person they told was their mother, and the mother's reaction varied widely. The following are sample responses:

Ang: She wasn't surprised; she acted positive (LTP).

Ran: She said I already knew you were pregnant. She didn't act upset; she just said I don't want you to drop out of school (LTP).

Yol: She was mad at first. Then after I started getting bigger she was good (LTP).

Bel: She was very angry and said she wanted to kill me (STP).

Three of the girls said they had considered an abortion, but that they "just couldn't go through with it." Only one girl said she considered putting her baby up for adoption. Rather surprisingly, nine of the girls said the baby's father helped influence their decision to keep the child. Again, this finding suggested that the black male played a more significant role in decisions about pregnancy than had been previously reported in the research literature.

Use of birth control

The primary reason for not using birth control given by all the girls was, "I did not think I would get pregnant". Most of the girls reported that they felt "totally depressed" when they learned they were pregnant; only one girl said she was "happy." Only one of these girls was not currently utilizing a birth control method. The other girls were either using Norplant, Deprovera shots, or birth control pills and condoms.

Education

These girls not only emphasized the importance of obtaining an education, they embodied it in their behavior, All of the girls returned to school following the birth of their child and were successfully juggling the demands of a young child and high school. Two of the LTPs had graduated from high school and all of the remaining girls were attending school at the time of this interview. When asked, "how important is school to you?", the girls gave similar responses:

Sek: School is not just a diploma. You can go anywhere you choose with it (STP).

Ran: It is hard to get on with the world without an education (LTP).

Pen: You need a better education, you can't go anywhere without it (LTP).

All of the girls still attending school utilized the on-campus daycare that was available, and several said that without it they could not have continued their education. The two graduates were working full-time, one as a packer for a local farm while the other worked as a data entry operator for a state agency. The graduate employed with the state was also attending vocational training, and she planned to continue taking college courses and hoped to attend law school in the future.

Both LTPs and STPs received strong family support for staying in school. One participant was not in school because she had graduated from high school and was working full-time. She stated that she was unable to continue her education due to a lack of reliable transportation. Lack of transportation for continuing education beyond high school has traditionally proven to be an obstacle in a county with no public transportation system. Even though a branch of the state community college was located within the town limits, it was still impossible for many girls to reach who lived 10 to 15 miles out of town in rural areas, and who didn't own a car.

Self-esteem

Both LTPs and STPs perceived themselves as bright, self-assured women, yet all of the STPs stated they felt helpless at

times and that there were lots of things about themselves they would change if possible. Two of the STPs felt they could not be depended on while all the LTPs felt strongly that they could be depended on. This difference between the two groups again suggests the importance of long term attendance in a support program, since the LTPs had developed a stronger sense of self-esteem.

Both groups described childbirth as well as academic accomplishments as events when they felt great about themselves. We elicited these responses to the question of describing an event when they felt great about themselves:

> Ang: Currently I am one of the top ten academic students in my class (LTP).
>
> Yol: On graduation day. I was the first child in my family to graduate; my brother and sister dropped out (LTP)
>
> Sek: I felt great when my baby was delivered because he was healthy (STP).

Quality of life

All of these girls preferred to work over being supported and all saw themselves as working within five years. 50% of the STPs have regular part-time jobs, while none of the LTP's who were still in high school held regular jobs. The LTPs said they didn't want to work because it would interfere with their school work. All of these young women had ambitions and goals not only for improving the quality of their lives, but they also were motivated to improve the lives of their children, as evident in these responses:

Ang: I want my daughter to grow up well academically, show respect. I want her to excel and be better than myself (LTP).

Pen: I want her to get a good education, have a nice place and community to live in and not to have a child during high school(LTP).

Ran: I want her to grow up and complete high school and college in what she desires and I hope that she will be the best(LTP)

Bel: I want him to finish school, go on to college, and be successful (STP).

IV. CONCLUSION

Summary of outcomes

The success of the Brighter Futures program one year after program termination can be evaluated in relation to the program's goals. These goals were:

Prevent a second pregnancy. One year after the program terminated, none of the 12 girls selected for follow up had become pregnant again. All but one girl was using a birth control method on a regular basis that decreased the likelihood of a second pregnancy.

Encourage girls to finish high school and plan for a career. Two girls had graduated, and the remaining ten were on track for graduation. All of the girls expressed their intention of seeking some type of post secondary education. The girls' scores on the Intellectual Achievement Responsibility Questionnaire also increased in a positive direction over time.

Increase self-esteem. All the girls who first entered the Brighter Futures program were asked to complete a self-esteem scale.[3] The results of this preliminary testing revealed that many already possessed a high self-esteem. While it cannot be said that the girls increased their self esteem, since their scores were already high before they entered the program, a strong

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[3] This data is not reported because it was collected prior to the beginning of the evaluation, and it was not part of the original evaluation design.

sense of self-esteem and self-worth was clearly evident in the interviews questions pertaining to self-esteem. It can be said that the program was successful in helping these young women maintain their high self-esteem. These effects were more evident among the girls who had been long term participants in the program.

Increase social and leadership skills. The evidence for this outcome is based on the girls' A-COPE scores, because many of the items assessed behaviors indicative of leadership and social competence (e.g., try to help other people solve their problems, keep up friendships or make new friends).The data indicated that the girls' scores improved over time, which suggested that the program was successful in this area. All of the long term participants also felt that they could be depended upon by other people.

Recommendations for future programs:

(1) Since many of these young women viewed childbirth as a major accomplishment, it needs to be replaced with other accomplishments such as community involvement in volunteer programs. Providing such opportunities would allow these girls to feel valued as a contributing member of this community.

(2) Have these girls share their advice about teen childbirth with younger girls before they become sexually active. One of the most successful events

staged by the Brighter Futures girls was the night they spoke to members of the New Achievers Club, a program designed to prevent a first pregnancy among girls 11-14.

(3) Provide peer groups for fathers and have these males share their feelings about parenting with younger males. Based on the comments made by the girls about their baby's father in the interviews, it was clear that many of the young men wanted to be part of their child's life, but that they lacked appropriate role models to teach them about being a father.

In conclusion, we believe that the Brighter Futures program was an integral component of an effective model of community collaboration designed to address the problem of teen pregnancy in a low income community where young women were at-risk for early pregnancy and subsequent school failure. The program enhanced the quality of life for these young mothers. Through the support networks provided by the counselors and peers, the Brighter Futures program fostered the strength and confidence the girls needed to plan for the future and to take the initiative to return to school and graduate.

Not only is this conclusion based on the data collected for this report (test scores, grades, attendance, interviews), it is also based on the first author's sustained observations of changes in these girls over a two year period. These changes are

difficult to quantify, but are no less significant for attesting to the worth of this program. How does one measure the change in behavior in a young, African- American woman who upon first acquaintance looks at the floor and mumbles when asked about her future plans, to an assertive, self-confident young woman who is busy planning her future as a community health nurse? These kinds of changes were observed in many of the girls, but they don't map easily onto a quantitative measure of self-esteem.

An important consideration is that program success is related to the depth of involvement by the counselors in the girls' lives, and the continuity provided by the weekly support group meetings. A recent report by the second author (Davis, 1994) on a related support program operated by GCHB, the Resource Mothers, indicated that while having a support person available in the form of an older woman who had experienced a teen pregnancy helped young mothers to cope with the demands of being a new parent, it did not result in the girls becoming more motivated to remain in school and plan for the future. In contrast, the Brighter Futures program was multi-faceted in its approach. Through the structured weekly meetings, many of which focused on having the girls learn better study skills and become aware of different career possibilities, the field trips that introduced new worlds to the girls (especially for those who had never left Quincy before), and the guest speakers, often influential members of the community who served as role models, all of these elements provided a comprehensive support system

that enabled these girls to transcend the negative circumstances of their immediate environment. As was noted in two recent reports, these types of social support systems are vitally necessary for young mothers to overcome the deep feeling of powerlessness which all too often is the cause as well as the consequence of teenage pregnancy (Davis, 1994; National Child Labor Committee Report, 1985). We also concur with the opinion expressed by a reviewer of a recent book about families in poverty. In reviewing the book by Susan Sheehan, Life for me ain't been no crystal stair, Michael Massing noted: "Sheehan's account contains hints of a potentially significant lesson for public policy - even deeply troubled people can be helped if enough attention is given them" (1994, p.48). Because of the attention that was provided in the Brighter Futures program, these girls not only are planning for a brighter future; they are making it happen for themselves and their children.

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